THE CITY OF LYNCHBURG, VIRGINIA

Community Development

Technical Review Committee (TRC) For TRC meeting date of

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Project Name —
Project Address —
Tax Valuation Map Number(s)
Representative(s) for the TRC meeting – CHECK APPROPRIATE BOX
□ Property Owner/Developer —
Firm Name
Address —
City/State —
Telephone (daytime) — Fax —
E-mail Address —
□ Project Planner/Surveyor —
Firm Name
Address — City/State — City/Sta
Telephone (daytime) — Fax —
E-mail Address
This project is to be reviewed as a: (Check One) Site Plan − Is this a Master Plan? YES NO Subdivision Plat - Over 5 (five) lots involved? YES NO
 2. This plan/plat is: (Check One) ☐ Conceptual ☐ Preliminary ☐ Revised – (Has previously been to TRC.)
3. Give a brief explanation of project
4. Does this project involve a: ☐ Rezoning? YES NO ☐ Conditional Use Permit: YES NO ☐ Street/Alley Vacation? YES NO

JUNE 01